

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Quintana Morales	First Martha	Middle Initial	Maiden Name
Address (Street Name and Number) 603 Woodcrest Ave		Apt. #	Date of Birth (month/day/year) 08/20/1960
City Worthington	State MN	Zip Code 56187	Social Security # 457-99-9076

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A 091-798-830
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <i>Martha Quintana</i>	Date (month/day/year) <u>1-23-08</u>
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>Permanent Resident</u>		<u>ID Card</u>		<u>Social Security Card</u>
Issuing authority: <u>US Government</u>		<u>Minnesota</u>		<u>US Government</u>
Document #: <u>091-798-830</u>		<u>F176020797314</u>		<u>457-99-9076</u>
Expiration Date (if any): <u>12/21/2010</u>		<u>08/20/2011</u>		
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 01/07/2008 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name <u>Ashley Postma</u>	Title <u>Admin Assista</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 12000 Washington St Ste 290 Thornton CO 80241</u>		Date (month/day/year) <u>01/07/2008</u>

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/08/2008
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Case Verification Number: 2008008101800TN

Initial Verification:

Last Name:	quintanamorales	First Name:	Martha
Middle Initial:		Maiden Name:	
Social Security Number:	457-99-9076	Date of Birth:	08/20/1960
Hire Date:	01/07/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	091798830	I-94 Number:	
Card Number:	WAC0025150814		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	APOS3210	Initiated On:	01/08/2008

SSA Referral:

Referral By: _____ Referral Date: _____

Verification Response:

Eligibility: _____ Response Date: _____

SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

Resubmittal Verification Results:

Eligibility: _____

Verification Response:

Eligibility: DHS Verification in Process Response Date: _____

DHS Referral:

Referral By: _____ Referral Date: _____

DHS Referral Results:

Eligibility: _____ Response Date: _____

Case Resolution:

Resolve Option: _____
Resolved By: _____ Resolved On: _____

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